

**COUNTY OF SAN BERNARDINO  
CALIFORNIA**

**Corrective Action Plan**

**Year ended June 30, 2003**



# **COUNTY OF SAN BERNARDINO, CALIFORNIA**

## **Corrective Action Plan**

**Year ended June 30, 2003**

**Medicaid Cluster**

**CFDA No. 93.778**

**Finding 03-01**

**Eligibility**

### **Department's Response**

We concur.

### **Corrective Action Plan**

The LMHP does have an annual monitoring schedule for all organizational providers, including all DBH clinics. Each provider is audited at least once per year. The current cycle of annual audits began in May 2004. The annual audit schedule and audit results are maintained in database that tracks monitored items' compliance/non-compliance, plans of corrections, and revisits, if necessary.

In addition, the Department's requirement for checking of essential chart elements by Clinic Supervisors is being revised and will require that all key chart forms be checked during the first two months of care for every client and that all charts open for more than one year be similarly audited.

In addition, DBH's quarterly Chart Documentation Training sessions are mandatory for all new clinical staff, including subcontractors, and are considered a refresher course for staff identified by supervision as having documentation problems. DBH's next quarterly Chart Documentation Training will be held in July 2004. The last session was held in March 2004.

Name of Responsible Person: Claudia Rozzi, Deputy Director

Name of Department Contact: Christopher Ebbe, Ph.D., Outpatient Review Coordinator

#### **Projected Implementation Date:**

Audit Schedule – May 2004 and progress ongoing

Revised Policy on Chart Audits – September 2004

Quarterly Chart Documentation Training Sessions – Ongoing, next session July 2004

# COUNTY OF SAN BERNARDINO, CALIFORNIA

## Corrective Action Plan

Year ended June 30, 2003

Medicaid Cluster

CFDA No. 93.778

Finding 03-02

Reporting

### Department's Response

We concur.

### Corrective Action Plan

Based upon the Single Auditor's FY01/02 review that took place in early 2003, DBH implemented stronger internal controls to monitor its own timely submission of all data upload transmissions required by the State.

In March 2003, for the February 2003 Medi-Cal claim data, the new controls were enacted so that all monthly Medi-Cal claims are submitted by the last Wednesday of the month following the month of service.

The new controls implemented within DBH's Application Services Group (ASG) included: a published up-to-date schedule of ASG jobs with assigned primary and back-up staff maintained by unit supervisors; written internal procedures for the processing of all jobs; and a database to track all data uploads.

Name of Responsible Person: Claudia Rozzi, Deputy Director

Name of Department Contact: Pamela Terral, Supervising Automated Systems Analyst I

Projected Implementation Date: March 2003

Medicaid Cluster

CFDA No. 93.778

Finding 03-03

Special Tests and Provisions – Provider Eligibility

### Department's Response

We concur.

### Corrective Action Plan

As of April 17, 2004, the County of San Bernardino DBH Deputy County Counsel has

# COUNTY OF SAN BERNARDINO, CALIFORNIA

## Corrective Action Plan

Year ended June 30, 2003

approved the following new paragraph for insertion into each service agreement under the Article entitled "Single Audit Requirement":

**"B. The Contractor shall comply with the applicable provisions of 42 C.F.R. sections 455.100 through 455.106."**

This language has been inserted into all appropriate new service agreements effective July 1, 2004 and is being inserted into ongoing service agreements via an amendment for FY 04/05.

Name of Responsible Person: Claudia Rozzi, Deputy Director

Name of Department Contact: Patricia Glas, Administrative Supervisor II

Projected Implementation Date: July 1, 2004

### Adoption Assistance

CFDA No. 93.659

Finding 03-04

Eligibility

### Department's Response

The Department agrees with the finding and recognizes the necessity of ensuring that required forms are on file and are accurately completed.

### Corrective Action Plan

To ensure eligibility workers accurate completion of AAP4 Forms and the completeness of participants' files, the following measures will be implemented in July 2004:

- Human Services System (HSS) Program Development Division staff will issue a policy reminder to Adoption Assistance (AAP) staff regarding the accurate completion of AAP4 Forms by eligibility workers.
- Transitional Assistance Department (TAD) management will communicate to TAD eligibility workers their responsibility to ensure that AAP4 Forms are correct and complete in participants' files.

TAD management will evaluate the effectiveness of the corrective action by completing random focused case reviews of eligibility workers throughout the 2004/05 Fiscal Year.

Name of Responsible Person: Linda Haugan, Director

Name of Department Contact: Linda Kjeldgaard, Supervising Accountant III

# **COUNTY OF SAN BERNARDINO, CALIFORNIA**

## **Corrective Action Plan**

**Year ended June 30, 2003**

### **Adoption Assistance**

**CFDA No. 93.659**

**Finding 03-05**

**Eligibility**

### **Department's Response**

The Department agrees with the finding and recognizes the necessity of ensuring that required forms are on file and are accurately completed.

### **Corrective Action Plan**

To ensure eligibility workers accurate completion of required forms (AAP1, AAP4, FC3) and the completeness of participants' files, the following measures will be implemented in July 2004:

- Human Services System (HSS) Program Development Division staff will issue a policy reminder to Adoption Assistance (AAP) staff regarding the accurate completion of the forms by eligibility workers.
- Transitional Assistance Department (TAD) management will communicate to TAD eligibility workers their responsibility to ensure that the forms are correct and complete in participants' files.

TAD management will evaluate the effectiveness of the corrective action by completing random focused case reviews of eligibility workers throughout the 2004/05 Fiscal Year.

Name of Responsible Person: Linda Haugan, Director

Name of Department Contact: Linda Kjeldgaard, Supervising Accountant III

### **Food Stamps Cluster**

**CFDA No. 10.551 and 10.561**

**Finding 03-06**

**Special Tests and Provisions**

### **Department's Response**

The Department agrees with the finding and recognizes the importance of processing required case actions.

# **COUNTY OF SAN BERNARDINO, CALIFORNIA**

## **Corrective Action Plan**

Year ended June 30, 2003

### **Corrective Action Plan**

San Bernardino County implemented Quarterly Reporting during April 2004 for CalWORKs and Food Stamps recipients. As a result, the County replaced the CW7 form with the QR7 form. Recipients complete the QR7 form on a quarterly basis. Current Transitional Assistance Department (TAD) policy, which was updated as a result of the implementation of Quarterly Reporting, does not require the QR7 form to be signed off by the eligibility worker. Instead the worker compares the current QR7 to the previously submitted QR7 to determine changes to eligibility and benefit levels.

During June 2004 TAD Corrective Action staff implemented the development and distribution of procedures to all staff regarding the processing of information obtained through the IEVS system. TAD staff will be reminded to process recertifications on a timely basis. This will be communicated from the TAD management team to line staff via first and second level supervisors.

Name of Responsible Person: Linda Haugan, Director

Name of Department Contact: Linda Kjeldgaard, Supervising Accountant III

### **Temporary Assistance for Needy Families (TANF)**

**CFDA No. 93.558**

**Finding 03-07**

**Eligibility**

### **Department's Response**

The Department agrees with the finding and recognizes the importance of processing required case actions.

### **Corrective Action Plan**

San Bernardino County implemented Quarterly Reporting during April 2004 for CalWORKs and Food Stamps recipients. As a result, the County replaced the CW7 form with the QR7 form. Recipients complete the QR7 form on a quarterly basis. Current Transitional Assistance Department (TAD) policy, which was updated as a result of the implementation of Quarterly Reporting, does not require the QR7 form to be signed off by the eligibility worker. Instead the worker compares the current QR7 to the previously submitted QR7 to determine changes to eligibility and benefit levels.

# COUNTY OF SAN BERNARDINO, CALIFORNIA

## Corrective Action Plan

Year ended June 30, 2003

During the fiscal year 2002/2003, the Transitional Assistance Department (TAD) put measures in place to ensure the timely processing of required case actions with the implementation of the Time Limit and Maintenance Units.

- The primary responsibility of the Time Limit Unit is to review cases that are approaching the 60-month Time Limit and taking action, if appropriate, to terminate benefits once the limit has been reached.
- The primary responsibility of the Maintenance Unit is to review all intake cases for length of time on aid and send appropriate notification to recipients regarding the number of Federal months of aid remaining.

Name of Responsible Person: Linda Haugan, Director

Name of Department Contact: Linda Kjeldgaard, Supervising Accountant III

### Head Start CFDA No. 93.600 Finding 03-08 Earmarking

#### Department's Response

We concur. Eligibility Workers would contact the Program Manager and ask to enroll a child over Head Start income guidelines. The reasons to exceed the income guidelines were discussed and either approved or denied. No individual center was allowed to enroll more than 10% overall.

#### Corrective Action Plan

Effective January 2004 a system was implemented that requires monthly identification of all over-income children enrolled. On the first working day of each month Eligibility Workers submit an updated list of all currently enrolled over-income children to the Family and Community Partnership Division Program Manager. All information is compiled to guarantee that the agency does not exceed 10% over income slots. This ensures that at least 90% of available slots are for low-income families. Also recently implemented was a computerized system called GENESIS which tracks all federally required support services.

Name of Responsible Person: Roberta York, Executive Director

Name of Department Contact: Regina Funderburk, Administrative Supervisor



# **COUNTY OF SAN BERNARDINO, CALIFORNIA**

## **Corrective Action Plan**

**Year ended June 30, 2003**

### **Child Support Enforcement Program**

**CFDA No. 93.563**

**Finding 03-09**

**Eligibility**

#### **Department's Response**

We concur.

#### **Corrective Action Plan**

Effective 10-15-03 the following changes were made to the case initiation process:

- Data entry work essential to meeting federal and state requirements was prioritized to allow for case initiation within the required time frames
- Specific staff were dedicated to the case initiation process
- Data definitions were standardized to allow for more expeditious data entry
- A daily monitoring and reporting methodology was developed to track time frame

All staff was trained on this process by 10-15-03.

Name of Responsible Person: Cory Nelsen, Director

Name of Department Contact: Suzan Waterhouse, Deputy Director

### **Child Support Enforcement Program**

**CFDA No. 93.563**

**Finding 03-10**

**Eligibility**

#### **Department's Response**

We concur.

#### **Corrective Action Plan**

Effective 10-15-03, caseloads were restructured to provide staff with the ability to have a more effective response when a non-custodial parent is located. Effective 10-1-03, monthly reports are generated from the StarKids system. These reports identify cases with a confirmed address or employer and no indication of an establishment action. This enables staff to focus on those cases needing service of process.

# **COUNTY OF SAN BERNARDINO, CALIFORNIA**

## **Corrective Action Plan**

**Year ended June 30, 2003**

**Name of Responsible Person:** Cory Nelsen, Director

**Name of Department Contact:** Suzan Waterhouse, Deputy Director

### **Substance Abuse Prevention and Treatment Block Grant**

**CFDA No. 93.959**

**Finding 03-11**

#### **Subrecipient Monitoring**

#### **Department's Response**

We concur.

#### **Corrective Action**

For affected service agreements currently in place and new service agreements to be in place on July 1, 2004, the Department will prepare and provide to subcontractors revised "Schedule A" pages by August 31, 2004. The revised 'Schedule A' pages will include the "CFDA title and number, award name, name of Federal agency" as well as the name of the State pass-through agency that is responsible for the Substance Abuse Prevention and Treatment Block Grant funds.

**Name of Responsible Person:** Claudia Rozzi, Deputy Director

**Name of Department Contact:** Scott Mollner, ADS Support Accountant I

**Projected Implementation Date:** August 31, 2004

### **Medicaid Cluster**

**CFDA No. 93.778**

**Finding 03-12**

#### **Allowable Costs and Activities**

#### **Department's Response**

We concur.

#### **Corrective Action**

On November 18, 2003, State Alcohol and Drug Program personnel provided two full modules of Title 22 training to which all providers were invited and which most attended.

# **COUNTY OF SAN BERNARDINO, CALIFORNIA**

## **Corrective Action Plan**

**Year ended June 30, 2003**

Additional training will be scheduled throughout the coming year, with emphasis on common problem areas. Key elements of the procedure manual have been completed and are in place, including a copy of Title 22 and the State's related PowerPoint training aid which adds considerably to the understanding of Title 22 requirements. The Provider Manual continues to be developed.

The Quality Assurance Review (QAR) procedures remain essentially unchanged; however, a greater emphasis is being placed on training and technical assistance. The Department of Behavioral Health has scheduled its next Alcohol and Drug Services Provider Training session for July 8, 2004. The QAR tool and QAR schedule will be reviewed with providers. Administrative procedures concerning data entry and invoicing will again be discussed and appropriate forms distributed.

Name of Responsible Person: Joyce Lewis, Deputy Director  
Name of Department Contact: Rita Osborne, Program Manager

### **Mental Health Services Block Grant CFDA No. 93.958 Finding 03-13 Subrecipient Monitoring**

#### **Department's Response**

We concur. Fiscal year (FY) 2002/2003 sub-recipient contracts were finalized prior to the start of the fiscal year; hence, Single Audit contract language was not retroactively included.

#### **Corrective Action**

Effective FY 2003/2004, the department included Single Audit contract language in all sub-recipient service agreements and developed a tracking system to ensure Single Audit Report compliance. The following is an example of the Single Audit instructions given to service providers:

"A copy of the audit performed in accordance with OMB Circular A-133 shall be submitted to the County within thirty (30) days of completion, but no later than nine (9) months following the end of the Contractor's fiscal year."

Substance abuse service providers continue to submit Single Audit Reports as has been the practice for years. However, since FY 2003/2004 (yet to be completed) is the first year SAMHSA grant service providers are contractually bound to submit the required Single

# **COUNTY OF SAN BERNARDINO, CALIFORNIA**

## **Corrective Action Plan**

**Year ended June 30, 2003**

Audit Reports, none have been received to date. The Department will be monitoring the process for Single Audit compliance within the next nine months.

Name of Responsible Person: Claudia Rozzi, Deputy Director  
Name of Department Contact: Maria Coronado, Program Manager

### **Mental Health Services Block Grant CFDA No. 93.958 Finding 03-14 Subrecipient Monitoring**

#### **Department's Response**

We concur.

#### **Corrective Action**

The Homeless Program and its contract providers have been included in the regional program monitoring plan. This means that a formal program audit will be conducted at least annually. The audit activities and audit procedures will be modeled on those used by DBH's Compliance Unit for other mental health providers. The audit will identify any noted deficiencies, require a plan of correction, if appropriate, and be subject to a follow up review. Correction of deficiencies will be monitored. This process will be followed with audits conducted by DBH or other regulatory agencies. The findings and related plan of correction will be shared with the regional program manager.

To date, Homeless Program staff have completed a portion of the Homeless Shelter provider program reviews and the balance are scheduled for completion in the near future. The Regional Homeless Program staff have fax copies of the reviews which are on file with the SAMHSA grant coordinator.

Name of Responsible Person: Claudia Rozzi, Deputy Director  
Name of Department Contact: Maria Coronado, Program Manager